

## Video Library Use Liability Agreement

Please read the following carefully and sign below with your current contact information.

1. **I am financially responsible for all tapes borrowed by me or under my name.**
2. I understand and agree to **follow the copyright laws of the United States** pertaining to videos.
3. I agree that **no fee will be charged** to view these videos.
4. I agree to **return the tape(s) on time**. I may request an extension if no one has reserved the tape.

**Video loan period is one (1) week.** The tapes must be returned by 5 pm one (1) week from the day they are checked out. (Tapes due on a legal holiday are due 5 pm the next business day.) **Tapes borrowed Monday are due 5 pm the following Monday, etc.**

It is essential that tapes are returned promptly. Return tapes to the HIV/AIDS Program, (3rd floor) by 5pm. Please call (206) 205-7837 if you have a problem returning the tape(s) on time.

Date:

Borrower's Signature:

Organization Authorization:

Name:

Organization:

Address:

City:

State, Zip:

Day phone including area code:

Evening phone including area code:

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